

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155649		(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____		(X3) DATE SURVEY COMPLETED 04/06/2011	
NAME OF PROVIDER OR SUPPLIER RESIDENCE AT MCCORMICK'S CREEK				STREET ADDRESS, CITY, STATE, ZIP CODE 210 STATE HIGHWAY 43 SPENCER, IN47460			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
K0000	<p>A Life Safety Code Recertification and State Licensure Survey was conducted by the Indiana State Department of Health in accordance with 42 CFR 483.70(a).</p> <p>Survey Date: 04/06/11</p> <p>Facility Number: 010478 Provider Number: 155649 AIM Number: 200197620</p> <p>Surveyor: Bridget Brown, Life Safety Code Specialist</p> <p>At this Life Safety Code survey, Residence at McCormick's Creek was found not in compliance with Requirements for Participation in Medicare/Medicaid, 42 CFR Subpart 483.70(a), Life Safety from Fire and the 2000 edition of the National Fire Protection Association (NFPA) 101, Life Safety Code (LSC), Chapter 19, Existing Health Care Occupancies and 410 IAC 16.2.</p> <p>This facility was determined to be of Type V (111) construction and was fully sprinklered. The facility has a fire alarm system with</p>			K0000			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (see instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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K0144 SS=F	<p>smoke detection in the corridors, resident rooms and spaces open to the corridors. The facility has a capacity for 87 and had a census of 76 at the time of this survey.</p> <p>Quality Review by Robert Booher, REHS, Life Safety Code Specialist-Medical Surveyor on 04/08/11.</p> <p>The facility was found not in compliance with the aforementioned regulatory requirements as evidenced by the following:</p> <p>Generators are inspected weekly and exercised under load for 30 minutes per month in accordance with NFPA 99. 3.4.4.1.</p> <p>Based on observation and interview, the facility failed to ensure 1 of 1 emergency generators was equipped with a remote manual stop. LSC 7.9.2.3 requires emergency generators providing power to emergency lighting systems shall be installed, tested and maintained in accordance with NFPA 110, Standard for Emergency and Standby Power Systems. NFPA</p>			K0144	<p>What corrective actions will be accomplished for those residents found to have been affected by the deficient practices? A remote manual stop was installed in the facility that enables us to remotely shut off the generation should there be complications with the generator</p> <p>How other residents having the potential to be affected by the same deficient practice will be identified and what corrective action(s) will be taken? All</p>		04/07/2011

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	<p>110, 1999 edition, 3-5.5.6 requires Level II installations shall have a remote manual stop station of a type similar to a break-glass station located elsewhere on the premises where the prime mover is located outside the building. NFPA 37, Standard for the Installation and Use of Stationary Combustion Engines and Gas Turbines, 1998 Edition, at 8-2.2(c) requires engines of 100 horsepower or more have provision for shutting down the engine at the engine and from a remote location. This deficient practice could affect all occupants.</p> <p>Findings include:</p> <p>During a tour of the facility with the maintenance director on 04/06/11 at 12:15 p.m., a remote emergency stop for the emergency generator was not observed. Based on interview with the maintenance director at the time of the record review on 04/06/11 at 1:50 p.m., he did not think the emergency generator, installed prior to 2003, was equipped with a remote emergency stop and was unsure of the actual horsepower</p>			<p>residents have the potential to be affected and the instillation of the remote manual stop ensured that all residents would no longer be affected.</p> <p>What measures will be put into place or what systemic changes will be made to ensure that the deficient practice does not recur? The remote manual stop will be tested and maintained in accordance with NFPA 110 to ensure that it functions correctly.</p> <p>How the corrective action(s) will be monitored to ensure the deficient practice will not recur, i.e., what quality assurance program will be put into place? The remote manual stop will be tested and maintained in accordance with NFPA 110 to ensure that it functions correctly. This will be made part of our TELS preventative monitoring system to ensure proper functioning.</p> <p>By what date will the systemic changes be completed? 4/7/11, Remote manual stop was installed and tested. System is working properly.</p>			

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 04/28/2011

FORM APPROVED

OMB NO. 0938-0391

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	rating. He called the generator contractor immediately and was advised the generator was 425 HP and would require the installation of a remote stop. 3.1-19(b)						